

ST. CHARLES BORROMEO SCHOOL

Fees and Tuition Payment Preference Form 2011-12 School Year

Parents/Guardian _____ Responsible Party _____

Address _____ Daytime Phone Number _____

Student(s)/Grade (s) _____ Annual Tuition Rate _____

Registration \$ _____ 2% Milk fee \$ _____ Grades: _____

Re-Registration Penalty \$ _____ Chocolate Milk fee \$ _____ Grades: _____

Class fees \$ _____

Tuition payment options for the 2011-12 school year: (choose one payment method)

_____ Option 1 Payment in Full by July 10, 2011

_____ Option 1a Semi-Annual - Payment in July and December

_____ Option 1b Quarterly - Payment in July, Oct, Jan, and Apr

_____ Option 2 **10** or **11** or **12** Monthly Payments beginning July. Automatic Westamerica Bank ACH payments on the **5th** or **20th** of each month or every other **Monday** beginning July 11, 2011. (please circle number of pymts and date choice)

_____ Option 3 **10** or **11** or **12** Monthly Payments beginning July. Mailed to school with payment coupon. Payments are due by the **5th** of the month. (circle number of payments)

Extended Care payment choice: _____ Payment w/coupon mailed to school

_____ Add to ACH monthly tuition payment

Scholarship Application (Financial Aid)

_____ I request a Scholarship Application. There is a \$25 FACTS application fee.

I agree that the above listed fees are due and payable to St. Charles Borromeo School.

I agree to fulfill my obligation to make payment in full according to the option indicated above.

I have read the school policy regarding tuition and agree to abide by this policy.

Responsible Party Signature

Date

ACH Authorization Form

CREDIT/DEBIT AUTHORIZATION FORM

I (we) hereby authorize St. Charles Borromeo School (THE COMPANY) to initiate entries to my (our) checking/savings accounts at the financial institution listed below (THE FINANCIAL INSTITUTION), and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until THE COMPANY is notified by me (us) in writing to cancel it in such time as to afford THE COMPANY and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Westamerica Bank
(Name of Financial Institution)

300 Capitol Mall Sacramento CA 95814
(Address of Financial Institution - Branch, City, State, & Zip)

(Signature) (Date)

(Name - PLEASE PRINT)

(Address - PLEASE PRINT)

Set Amount: _____ 5th _____ 20th _____ Every other Monday
beg. 7-11-2011 _____

Financial Institution Routing Number: _____

Checking/Savings Account Number: _____

These numbers are located on the bottom of your check as follows:

⑆ 123456789 ⑆ 1234567890123 ⑆
Routing Number Account Number

St. Charles Borromeo School
7580 Center Parkway Sacramento, CA 95823
916-421-6189

**SACRAMENT REQUIREMENTS
FOR SECOND GRADE**

_____ Copy of baptismal certificate. This certificate is required for your child to participate in the Sacraments of Reconciliation and Communion. **For your child to participate certificate must be submitted at least two months prior to the date of the sacrament.**

_____ Attendance by parents at two meetings prior to child receiving sacraments.

_____ My child will not be participating in the Sacraments of Reconciliation and First Holy Communion.

For new students to St. Charles in addition to the above:

The Diocese of Sacramento requires two years of religious study before a child may receive the Sacraments of Reconciliation and Communion.

_____ My child has received at least one year of religious study prior to second grade.

_____ Copy of reconciliation and/or communion certificate if your child has already received this sacrament.

_____ My child will not be participating in the Sacraments of Reconciliation and First Holy Communion.

Child's Name _____

Parent's/Guardian's Signature _____

Date _____